

PART B - FEE(S) TRANSMITTAL



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27370

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01/23/2009

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ATTN: MCMR-JA (MS. ELIZABETH ARWINE)
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Jill Lane Caldwell	(Depositor's name)
<i>Jill Lane Caldwell</i>	(Signature)
April 21, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/759,099	01/20/2004	Timothy J. O'Leary	AFIP 03-16 01	4916

TITLE OF INVENTION: IMMUNOLIPOSOME-NUCLEIC ACID AMPLIFICATION (ILNAA) ASSAY
04/22/2009 CCHAU2 00000002 210380 10759099

01 FC:1501 1510.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/23/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
CALAMITA, HEATHER	1637	435-091200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Elizabeth Arwine
		2 _____
		3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

United States of America as Represented
by the Secretary of the Army

U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 21-0380 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Elizabeth Arwine*

Date *20 April 2009*

Typed or printed name *ELIZABETH ARWINE*

Registration No. *45,867*

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